

Newcomer Health Encounter Form

Place encounter label here: _____ Date: _____ Name: _____ DOB: _____ Pt #: _____ Encounter # _____	Subprogram: RF Diagnosis Code: V70.5 Setting: _____ Provider # _____ Provider Time: _____ Provider # _____ Provider Time: _____
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HISTORY AND PHYSICAL EXAM/ASSESSMENT

- ☐ Performed by MD
☐ Performed by NP*
☐ Performed by PHN †
- 99381 ☐ H&PA <1 year
 99382 ☐ H&PA 1-4 years
 99383 ☐ H&PA 5-11 years
 99384 ☐ H&PA 12-17 years
 99385 ☐ H&PA 18-39 years
 99386 ☐ H&PA 40-64 years
 99387 ☐ H&PA ≥65 years
- *For exams performed by NP use NP exception code
 †For exams performed by PHN use PHN exception code

LABORATORY TESTS FOR ALL PATIENTS

CBC

L5009 ☐ CBC w/Plate and Diff

Serum Chemistries

L322758 ☐ Basic metabolic panel

Urinalysis (for all able to provide clean catch

Specimen) Only select one of the below

- 81000 ☐ Urine Dip, (non-automated, with microscopy)
 81001 ☐ Urine Dip, (automated, with microscopy)
 81002 ☐ Urine Dip, (non-automated, without microscopy)
 81003 ☐ Urine Dip, (automated, without microscopy)

HIV Testing

L83824 ☐ HIV 1/O/2

Hepatitis B Testing (choose Hepatitis B Panel

for adults; choose Hepatitis B Surface
Antigen only for children <18 years if from
low to intermediate endemic areas)

- L37184 ☐ Hepatitis B Panel
 L6510 ☐ Hepatitis B surface antigen

Lab Charges

- 36415 ☐ Venipuncture
 36416 ☐ Capillary Blood Sample
 99000 ☐ Lab Handling Fee

TB TESTING

- L182877 ☐ QuantiFERON IGRA
 TspotTB ☐ T-Spot IGRA
 86580 ☐ TST Admin or reading ☐ mm ☐ POS ☐ NEG
 (districts may leave V74.1 default diagnosis code)
- 71010 ☐ Chest x-ray, frontal
 71020 ☐ Chest x-ray, PA and lateral
- } Use RF exception code
- TBSPEC1 ☐ TB Culture AFB & Smear
 TBSPEC2 ☐ TB Culture AFB & Smear
 TBSPEC3 ☐ TB Culture AFB & Smear
- } Send to DCLS

LABORATORY TESTS FOR SPECIFIC PATIENTS

Cholesterol

(Screen men ≥35 years and women ≥45 years; can be checked non-fasting) (Screen beginning at age 20 individuals at increased risk for CAD (diabetes, tobacco use, HTN, familial history of cardiovascular disease))

L303756 ☐ Lipid Profile

Pregnancy Testing (for females of childbearing age)

81025 ☐ UPT (use secondary diagnosis code depending on result)
 ☐ Pos (V72.42) ☐ Neg (V72.41)

Blood Lead Level/Iron studies (choose 717009 for

children 6 months – 16 years; and one or more of
the nutritional tests if < 6 years if needed)

- L717009 ☐ Assay of lead
 L1339 ☐ Serum Iron
 L5280 ☐ Reticulocyte/Hgb count

Hepatitis C Testing (only test if from high risk group – body art, blood transfusion recipient, etc.)

L140659 ☐ Hepatitis C antibody

Syphilis Screen (>15 years of age ≤15 with risk factors)

L12005 ☐ RPR Test with Reflex

Chlamydia Testing (Women ≤25 who are sexually active or those with risk factors; Women >25 years with risk factors (new or multiple sexual partners))

L183194 ____ Chlamydia/ gonorrhea (urine)

Serology

L96206 ____ Varicella IgG (use for 19 years and up)

L58495 ____ Measles, Mumps, Rubella immunity

Newborn Screening (within first 6 months of life) } Send
NBSCR ____ Newborn Screening Outpatient } to DCLS

OTHER

99213 ____ Clinician Visit 2
(use if pt is seen for a f/u visit)

99211 ____ Nurse Visit

RFGINTP ____ Refugee Interpretation Services
(1 time charge only)

____ Update Address and Phone number

IMMUNIZATIONS – use chargeable vaccines for adults and select FF price code

90700 ____ DTaP

90632 ____ Hepatitis A adult

90633 ____ Hepatitis A pediatric

90746 ____ Hepatitis B adult Free/Charge/Study

90744 ____ Hepatitis B pediatric

90636 ____ HepA/Hep B (Twinrix) Free/Charge/Study

90648 ____ Hib

Varies ____ Influenza Free/Charge

90649 ____ HPV4

90713 ____ IPV

90696 ____ Kinrix (DTaP/IPV)

90734 ____ MCV4

90707 ____ MMR Free/Charge

90710 ____ MMRV

90670 ____ PCV13

90723 ____ Pediarix (DTaP/IPV/Hep-B)

90698 ____ Pentacel (DTaP/IPV/Hib)

90732 ____ PPV23

90681 ____ Rotarix

90680 ____ Rotateq

90714 ____ Td Free/Charge

90715 ____ Tdap Free/Charge

90716 ____ Varicella Free/Charge

90471 ____ First Injectable Vaccine Admin. Fee

90472 ____ Each Add'l Injectable Vaccine Admin. Fee

90473 ____ First Oral/Nasal Vaccine Admin. Fee

90474 ____ Each Add'l Oral/Nasal Vaccine Admin. Fee